



LARGE ANIMAL PHARMACY PROGRAM ENROLLMENT FORM

This form is for veterinarians and veterinary practices (collectively referred to as "Practice") to participate in the Large Animal Pharmacy program ("Program") enabling the Practice to purchase specific prescription medications from a Covetrus Distributor and have the prescriptions dispensed directly to the Practice's clients by a Covetrus Pharmacy.

CURRENT ACCOUNT INFORMATION

_____	DVM license no.	_____
Account #	State licensed in:	_____
_____	Expiration:	_____
Name of business or practice		

Current billing address	City	State Zip

AGREEMENT INFORMATION

By signing below, I represent and warrant that (a) I am authorized to bind the Practice noted above to participate in the Program and agree to the terms set forth herein; (b) I understand that the Program may be discontinued with notice by Covetrus North America; (c) Orders can only be placed by authorized employees which includes, but is not limited to, any veterinarian in the practice with a valid license or those previously authorized to order on the account with Covetrus North America; (d) Practice client locations to be enrolled in the Program include any former PharmLink locations, those provided below or updated in writing; (e) The Practice has a valid veterinary-client patient relationship with each and accepts responsibility for all shipments to these locations; (f) The prescription medications purchased through the Program will be consigned by Practice to the dispensing pharmacy for fulfillment to customer locations and a dispensing fee may be charged by the pharmacy for these services.

Printed name (DVM): _____

Signature DVM: _____ Date: _____

Include Recipient Name:
Farm ship to address: _____

Upon completion of enrollment form, Covetrus will update your account with the additional shipping sequence to your main account. Please contact Covetrus Credit Department with any questions at 800-258-2148. If further shipping locations are needed, please access another form.

RETURN FAX TO COVETRUS CORPORATE CREDIT
Fax# (614) 760-0639

Email: CreditAdmin@Covetrus.com



**LARGE ANIMAL PHARMACY
PROGRAM ADDITIONAL
LOCATIONS**

LIST ADDITIONAL SHIP TO ADDRESSES BELOW:

Practice Name/Acct #:

Address:

Recipient Name: Farm

Ship To Address:

Recipient Name: Farm

Ship To Address:

Recipient Name: Farm

Ship To Address:

Recipient Name: Farm

Ship To Address:

Recipient Name: Farm

Ship To Address:

Recipient Name: Farm

Ship To Address:

This form amends the Large Animal Pharmacy Enrollment Form and all terms contained therein continue to remain in full force and effect. Please contact the Covetrus Credit Department with any questions at 800-258-2148. If further shipping locations are needed, please provide another form.

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